

Health Care Worker

CONSENT FOR HIV/HBV/HCV TESTING

- • **I hereby consent to have the HIV _____, HBV _____, HCV _____ test performed upon:**

(print name)

- • **I understand the test for HIV is not a diagnostic test for AIDS**
- • **I have been advised of the implications of the test and have been given the opportunity to ask questions.**
- • **I understand that _____ (facility) will maintain confidentiality of the test results, medical records and reportable information as provided for in accordance with SCDDSN policy.**

Signature

Social Security #

Date

Witness

Date